

Texas Natural Resource Conservation Commission
Automotive Waste Management Program (MC 125)
P.O. Box 13087, Austin, Texas 78711-3087
(512) 239 - 6001

NOTIFICATION FOR AUTOMOTIVE WASTE RECYCLING ACTIVITY
BATTERY AND ANTIFREEZE HANDLERS

TNRCC Notification Number (TNRCC OFFICE USE ONLY)	Original _____ Renewal _____ (Please renotify biennially by 1/25 of odd numbered years)
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Does this facility have any other TNRCC, TDH, RRC, or TxDOT ID number(s)?	YES _____	NO _____
If yes, list:		

NOTE: If a Railroad Commission or Texas Department of Transportation registration exists, please submit verification along with this application.

FACILITY AND CONTACT INFORMATION	
State Tax ID #:	Facility Phone: ()
Name of Facility:	
Facility Mailing Address (street/P.O. box, city, state, zip):	
Facility Location Address (street, city, state, zip):	County:
Facility Contact Person / Title <i>(person to be contacted regarding battery or antifreeze activities at this facility):</i>	Contact Phone: ()
Facility Contact Person Address (street, city, state, zip):	

OWNER/PARENT COMPANY	
Tax ID #:	Owner Phone: ()
Name of Facility's Legal Owner:	
Address (street/P.O. box, city, state, zip):	

ASSUMED NAMES / AFFILIATES	
List all assumed names and/or affiliates and physical address of the parent company or the facility.	
1. Name:	Tax ID #:
Affiliation or d/b/a:	
Address (street, city, state, zip):	
2. Name:	Tax ID #:
Affiliation or d/b/a:	
Address (street, city, state, zip):	

IDENTIFY any persons having at least 20% ownership of any of the entities identified above, all directors, officers, plant and/or operation managers.		
Name:	Position:	SSN:
Address (street, city, state, zip):		
Name:	Position:	SSN:
Address (street, city, state, zip):		
IDENTIFY any persons having at least a 20% ownership interest in the physical site at which the facility is located.		
Name:	Position:	SSN:
Address (street, city, state, zip):		
Name:	Position:	SSN:
Address (street, city, state, zip):		

RECYCLING ACTIVITY (Show capacity* for each category that applies)					
	Transporter	Storage Facility	Processor (describe processing method)	Marketer	Other
Antifreeze					
Batteries					

* For antifreeze, show capacity in gallons. For batteries, show capacity in pounds.

TRANSPORTER VEHICLE INFORMATION (Use extra sheets as necessary to identify additional vehicles.)							
Vehicle Type	Make/Model	Year	Vehicle ID#	License Plate #	State	Vehicle Weight (lbs.)	Owner
TOTAL VEHICLE WEIGHT (lbs.)							

CERTIFICATION STATEMENT

I certify that the above information is true and correct to the best of my knowledge, and that I will abide by the rules governing the collection, management and recycling of used automotive wastes.

Signature: _____ Date: _____

Name (Type or Print): _____

NOTE: This form will assist the TNRCC in informing the public of recycling activities. The TNRCC will assign a number for tracking purposes only. Completion of this form does not demonstrate that your facility is in compliance with state, local, or federal regulations or codes.